



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR COLEEN J. SENG

[www.ci.lincoln.ne.us](http://www.ci.lincoln.ne.us)

July 28, 2005

Mayor Seng and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Chili's Southwest Grill, 6730 South 27<sup>th</sup> Street requesting that Joel Priest be approved as the manager of the class I liquor license.

Background information on the applicant is as follows:

Joel Priest was born in Council Bluffs, Iowa. He attended the University of Nebraska graduating in 2001.

Joel Priest employment history is as follows:

2004 - Present	Manager, Chili's	Lincoln, NE.
2001 - 2004	Manager, Lazlo's	Lincoln, NE.
1996 - 2001	Manager, Garden Cafe	Lincoln, NE.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



Liquor License Investigation

Business (DBA) Chili's

☒ Manager ☐ Owner ☐ Other \_\_\_\_\_

Name: JOEL PRIEST

US Citizen ? ☒ Yes ☐ No

Has applicant ever been cited for liquor law violations ? ☒ No ☐ Yes  
Explain \_\_\_\_\_

Does applicant have an interest in another liquor license ? ☒ No ☐ Yes  
Explain \_\_\_\_\_

Is spouse qualified to hold a license ? Yes ☐ No ☒ N/A

How is applicant if not an owner to be paid ? ☒ Salary ☐ Hourly

How many hours will applicant be at the establishment ? 55+

Any other employment ? ☒ No ☐ Yes, explain \_\_\_\_\_

Any previous experience with a liquor license ? ☒ Yes ☐ No

Any criminal convictions ? ☒ No ☐ Yes  
Comments \_\_\_\_\_

Is applicant a property owner in Lincoln ? Yes ☐ No ☒

Is applicant involved in any civil litigation ? ☒ No ☐ Yes  
Comments \_\_\_\_\_

☒ Photo ☒ Records Check ☒ References

Comments \_\_\_\_\_

Interview Date 7/28/05



**Dave Heineman**  
Governor

8-22-05  
**STATE OF NEBRASKA**

**NEBRASKA LIQUOR CONTROL COMMISSION**  
**Robert B. Rupe**  
Executive Director

301 Centennial Mall South, 5th Floor  
P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

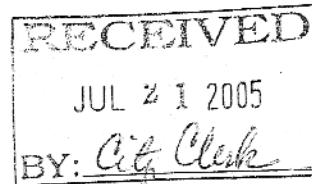
Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: <http://www.nol.org/home/NLCC/>

July 20, 2005

City Clerk of Lincoln  
City/County Building  
555 S 10 Street  
Lincoln, NE 68508



A5-079944  
178

RE: Manager Application Submittal

Dear Sir/Madam:

The corporation Brinker Restaurant Corporation has submitted the enclosed Application for Corporate Manager. The establishment has the following liquor license(s) Class I #52967. The applicant's name is Joel C Priest.

Please present this application to your City/County Council and return the results of the action taken to our office. If you have any questions or comments, please give me a call at (402) 471-4881.

Sincerely,

Jackie B. Matulka  
Licensing Division

Enclosure

5

**Rhonda R. Flower**  
Commissioner

**Bob Logsdon**  
Chairman

**R.L. (Dick) Coyne**  
Commissioner

Local-jm

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MAY 27 2005

## Application for Corporate Manager

\*Must Be A Nebraska Resident\*

Please submit in Triplicate

NEBRASKA LIQUOR  
CONTROL COMMISSION  
RECEIVEDReturn to: Nebraska Liquor Control Commission, PO Box 95046  
301 Centennial Mall So., Lincoln NE 68509

JUL 20 2005

Phone: (402) 471-2571

Fax: (402) 471-2814

Web address: <http://www.nol.org/home/NLCC/>

Required areas marked by a red asterisk ( \* )

NEBRASKA LIQUOR  
CONTROL COMMISSION

## LIQUOR LICENSE INFORMATION

Name of Licensed Corporation

Brinker Restaurant Corporation \*

Class &amp; License number

I 52967 \*

Trade Name of Licensed Premise

Chilis Southwest Grill \*

Street Address of Licensed Premise

6730 S 27th \*

City

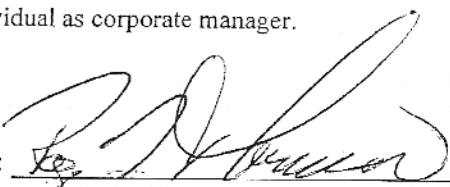
Lincoln \*

County

Lancaster  
68516 \*

On behalf of the corporation, I designate this individual as corporate manager.

Joel Priest

Signature of Corporate President/CEO: Roger F. Thomson,  
President

## APPLICANT INFORMATION (MUST BE 21 OR OVER)

Full Name (Last, First, Middle, Maiden)

Priest, JOEL Christopher

Sex \*

F

M

C

X

Social Security Number

Date of Birth

7.1 \*

Place of Birth

Council Bluffs IA \*

Home Street Address

14401 S 27th #D7 \*

City

Lincoln \*

County

Lancaster \*

State

NE \*

Zip Code

68512 \*

Home Telephone Number

402-438-8060

Business Telephone Number

402-420-2800

Drivers License Number

\*

State

NE \*

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Are You Married? \* Yes ☐ No ☒ If Yes, You must complete the following:

MAY 27 2005

## SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

Full Name (Last, First, Middle, Maiden)

Social Security Number

Drivers License Number

State

Date of Birth

Place of Birth

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JUL 20 2005

NEBRASKA LIQUOR  
CONTROL COMMISSION

\* 1. READ CAREFULLY. Answer completely and accurately.

Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

Yes ☐ No ☒

\* 2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

Yes ☐ No ☒

\* 3. Have you or your spouse ever made a compromise settlement for violation of such laws?

Yes ☐ No ☒

\* 4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?

Nebraska Liquor Control Act (§53-131.01)

Yes ☒ No ☐

\* 5. Have you filed fingerprint cards and PROPER FEES (if check, make out to the NE State Patrol), with this application?

Yes ☒ No ☐

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MAR 27 2005

NEBRASKA LIQUOR

CONTROL COMMISSION

## RESIDENCES FOR PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

Year	
From	To
Applicant: City & State	
4401 S 27 # D7 Lincoln NE	1989 present
Spouse: City & State	

RECI

JUL 26 2011

Year	
From	To
Applicant: City & State	
Spouse: City & State	

NEBRASKA  
CONTROL COMMISSION

Year	
From	To
Applicant: City & State	
Spouse: City & State	

Year	
From	To
Applicant: City & State	
Spouse: City & State	

## EMPLOYERS - LIST LAST TWO EMPLOYERS

Name of Employer	Year	
	From	To
Chili's	12/04	present
Name of Supervisor	Telephone Number	
Chris Moore	420-2800	

Name of Employer	Year	
	From	To
Largo's	4/01	10/04
Name of Supervisor	Telephone Number	
Angie Tucci	323-8500	

PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY  
APPLICANT & SPOUSE

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STATE OF NEBRASKA )

) SS

COUNTY OF )

MAY 27 2005

NEBRASKA LIQUOR  
CONTROL COMMISSION

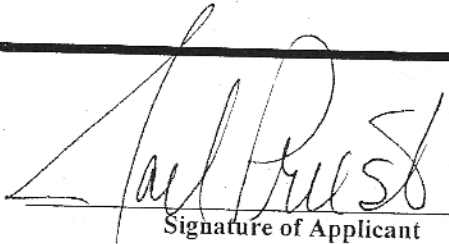
The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

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The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit may be attached, however, fingerprint cards are still required to be filed.

NEBRASKA  
CONTROL COMMISSION

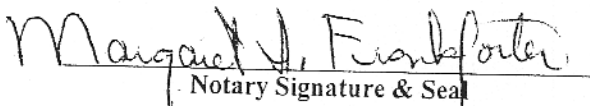
The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.

  
Signature of Applicant

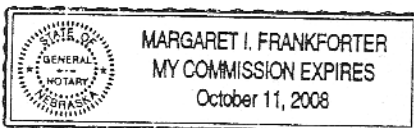
\_\_\_\_\_  
Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this  
13<sup>th</sup> day of May 2005.

Subscribed in my presence and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_.

  
Notary Signature & Seal

\_\_\_\_\_  
Notary Signature & Seal



Verify and Print

FORM 35-4013  
REV. 2/01